

How flawed statistics have manipulated the Covid narrative

UK Doctors For Patients
14 September 2022

Norman Fenton

Queen Mary University of London



Overview

How the initial exaggerated danger shaped the narrative

How the definitions and data perpetuated the narrative

How the vaccines were mis-sold

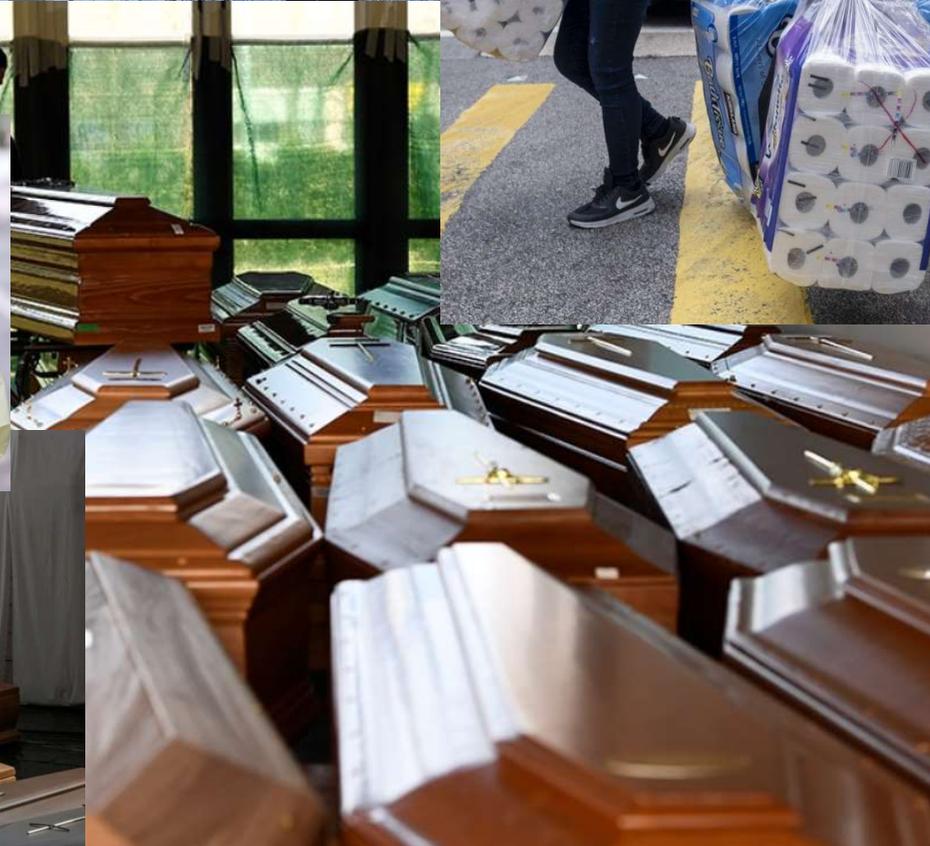
The special problems with the UK data

Real world evidence of lack of vaccine efficacy and safety

The special problem of vaccination and pregnancy

**How the initial exaggerated danger
shaped the narrative of a deadly threat
to all**

The permanent effect of the initial fear campaign





Matthew Reginald Amison lost his fight for life at Bradwell Hall Nursing Home, in Staffordshire, days after being diagnosed with Covid-19

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- MONEY
- ROYALS

Coronavirus: 'Ticking timebomb' warning for 500,000 'at risk' elderly care home residents

EXCLUSIVE There could be widespread loss of life if Covid-19 spreads through old people's residential quarters, it's been claimed, as the Government has been criticised for not doing enough to get ahead of the problem

By Dan Warburton, News Reporter, Alan Selby, Phil Cardy & Amy Sharpe
21:07, 4 Apr 2020



Why wait a month between 500,000 deaths warning and lockdown?

On Sunday, Johnson highlighted the worst-case scenario warning...that he ignored.



VIRUS FEARS Deadly coronavirus could infect 80 per cent of Brits and kill 500,000 in 'worst case scenario', document reveals

Stephen Moyes | Nick McDermott
22:30, 25 Feb 2020 | Updated: 15:14, 27 Feb 2020



FOUR in five Brits could become infected by deadly coronavirus - up to 500,000 killed, according to a doomsday scenario set out in official papers seen by The Sun.

Ministers are now considering the assumption that more than 50 people in the UK could catch the killer bug.

Read our coronavirus live blog for all the latest news and t

London's Imperial College predicts millions to die from coronavirus pandemic in UK and US

Bryan Dyne
18 March 2020



Without any interventions like social distancing, one model predicts the coronavirus could have killed 40 million people this year

Isaac Scher Mar 27, 2020, 8:05 PM



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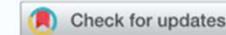
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Coronavirus could kill half a million Britons and infect 80% of UK population, government documents indicate

Civil servant briefing to ministers on 'reasonable worst case' scenario reveals scale of potential uncontrolled UK outbreak

Shaun Lintern Health Correspondent • Wednesday 26 February 2020 13:20 • [Comments](#)





COVID-19 infection and death rates: the need to incorporate causal explanations for the data and avoid bias in testing

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ABSTRACT

COVID-19 testing strategies are primarily driven by medical need - focusing on people already hospitalized with significant symptoms or on people most at risk. However, such testing is highly biased because it fails to identify the extent to which COVID-19 is present in people with mild or no symptoms. If we wish to understand the true rate of COVID-19 infection and death, we need to take full account of the causal explanations for the resulting data to avoid highly misleading conclusions about infection and death rates. We describe how causal (Bayesian network) models can provide such explanations and the need to combine these with more random testing in order to achieve reliable data and predictions for the both policy makers and the public.

ARTICLE HISTORY

Received 7 April 2020

Accepted 10 April 2020

KEYWORDS

Covid-19; biased testing;
causal explanations;
infection and death rates;
Bayesian network models



Covid infection fatality rate estimates

JOURNAL OF RISK RESEARCH
<https://doi.org/10.1080/13669877.2020.1778771>



Bayesian network analysis of Covid-19 data reveals higher infection prevalence rates and lower fatality rates than widely reported

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ABSTRACT

Widely reported statistics on Covid-19 across the globe fail to take account of both the uncertainty of the data and possible explanations for this uncertainty. In this article, we use a Bayesian Network (BN) model to estimate the Covid-19 *infection prevalence rate (IPR)* and *infection fatality rate (IFR)* for different countries and regions, where relevant data are available. This combines multiple sources of data in a single model. The results show that Chelsea Mass. USA and Gangel Germany have relatively higher *IPRs* than Santa Clara USA, Kobe, Japan, and England and Wales. In all cases the infection prevalence is significantly higher than what has been widely reported, with much higher community infection rates in all locations. For Santa Clara and Chelsea, both in the USA, the most likely *IFR* values are 0.3–0.4%. Kobe, Japan is very unusual in comparison with the others with values an order of magnitude less than the others at, 0.001%. The *IFR* for Spain is centred around 1%. England and Wales lie between Spain and the USA/German values with an *IFR* around 0.8%. There remains some uncertainty around these estimates but an *IFR* greater than 1% looks remote for all regions/countries. We use a Bayesian technique called ‘virtual evidence’ to test the sensitivity of the *IFR* to two significant sources of uncertainty: survey quality and uncertainty about Covid-19 death counts. In response the adjusted estimates for *IFR* are most likely to be in the range 0.3–0.5%.

ARTICLE HISTORY

Received 28 May 2020
 Accepted 2 June 2020

KEYWORDS

Infection prevalence rate;
 infection fatality rate;
 COVID-19; serological
 antibody tests;
 Bayesian network

Infection fatality rate

Age	Infection fatality rate	Deaths per 1,000 of those infected*
0-19	0.0027%*	0 (1 in 37,000)
20-29	0.014%	0 (1 in 7,142)
30-39	0.031%	0 (1 in 3,225)
40-49	0.082%	1
50-59	0.27%	3
60-69	0.59%	6
70+	5.5%	55
70+	2.4% among non-institutional	24

*rounded to nearest whole number

Ioannidis JPA. “Reconciling estimates of global spread and infection fatality rates of COVID-19: An overview of systematic evaluations”. European journal of clinical investigation.

COVID-19 England & Wales deaths and autopsies Feb 2020 to Dec 2021

137,000 officially classified covid deaths up to 31 Dec 2021

FOI Ref: FOI/2021/3368

Please supply deaths caused solely by covid 19, where covid is the only cause of death listed on the death certificate, broken down by age group and gender between Feb 2020 up to and including Dec 2021.

Please supply the number of autopsies carried out on those where covid was the only cause stated.

Response:

“Number of deaths where COVID-19 was the only cause mentioned on the death certificate, 1 February 2020 to 31 December 2021, by sex and age group, England and Wales is shown in this table”

We do not hold analysis on the number of post-mortems completed.

Age group	Males	Females
<1	1	0
1 to 4	0	0
5 to 9	0	0
10 to 14	0	1
15-19	1	0
20-24	4	1
25-29	12	3
30-34	24	7
35-39	42	15
40-44	52	24
45-49	87	43
50-54	138	52
55-59	234	92
60-64	254	102
65-69	279	119
70-74	357	204
75-79	395	252
80-84	492	402
85-89	470	533
90+	520	971

<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19deathsandautopsiesfeb2020todec2021>

**How the definitions and data
perpetuated the narrative of a deadly
threat to all**

....the definitions

Fred, who has no Covid symptoms, tests positive in a PCR test for work. He doesn't go on to develop any symptoms.

Fred is classified as a Covid case

13 days after his PCR test Fred is critically injured in a car crash and rushed to hospital

Fred is classified as a Covid hospital admission

2 weeks after being taken to hospital Fred dies from his injuries

Fred is classified as a Covid death

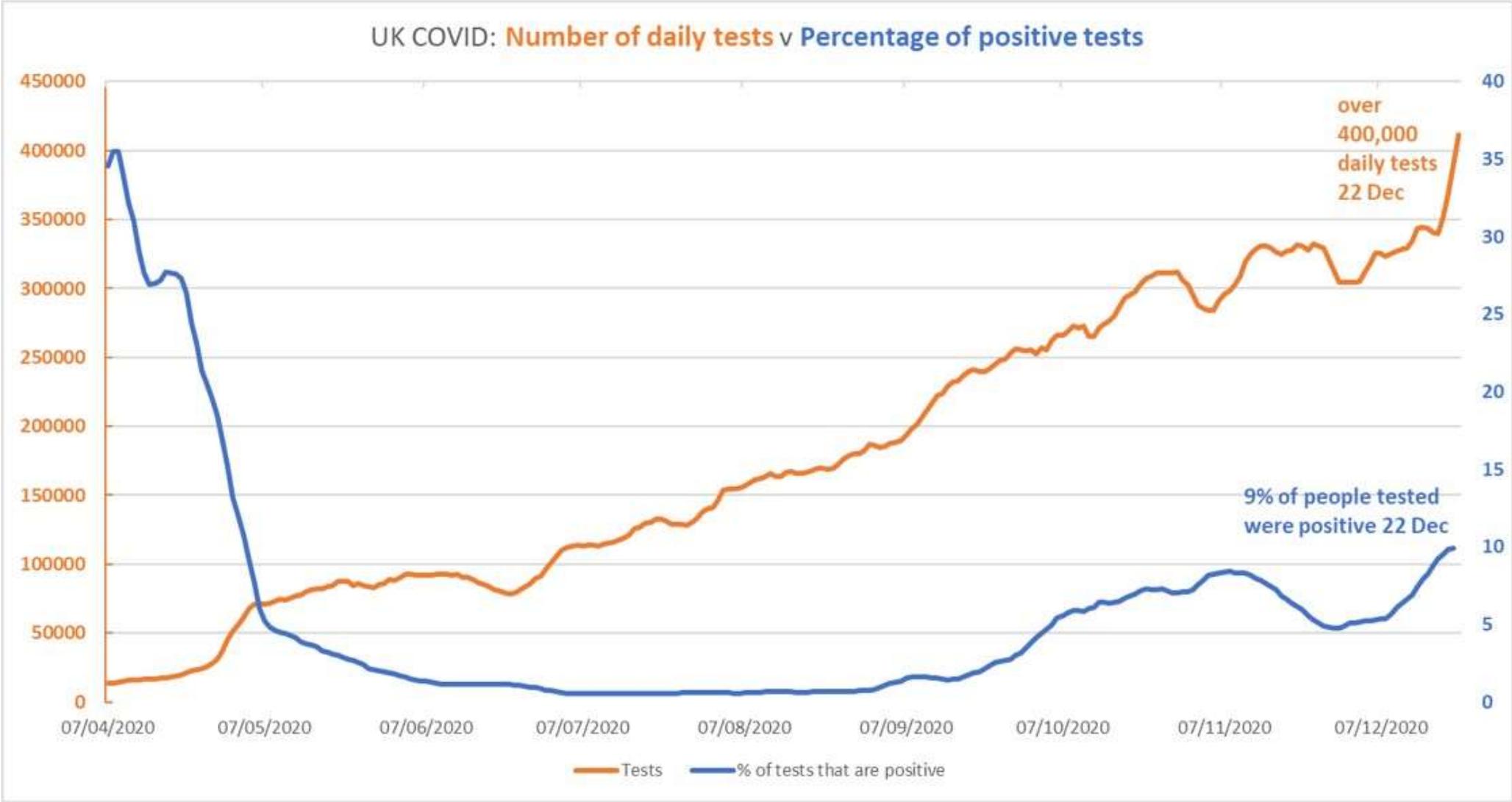
Jane gets a Covid vaccine and 13 days later tests PCR positive with symptomatic Covid

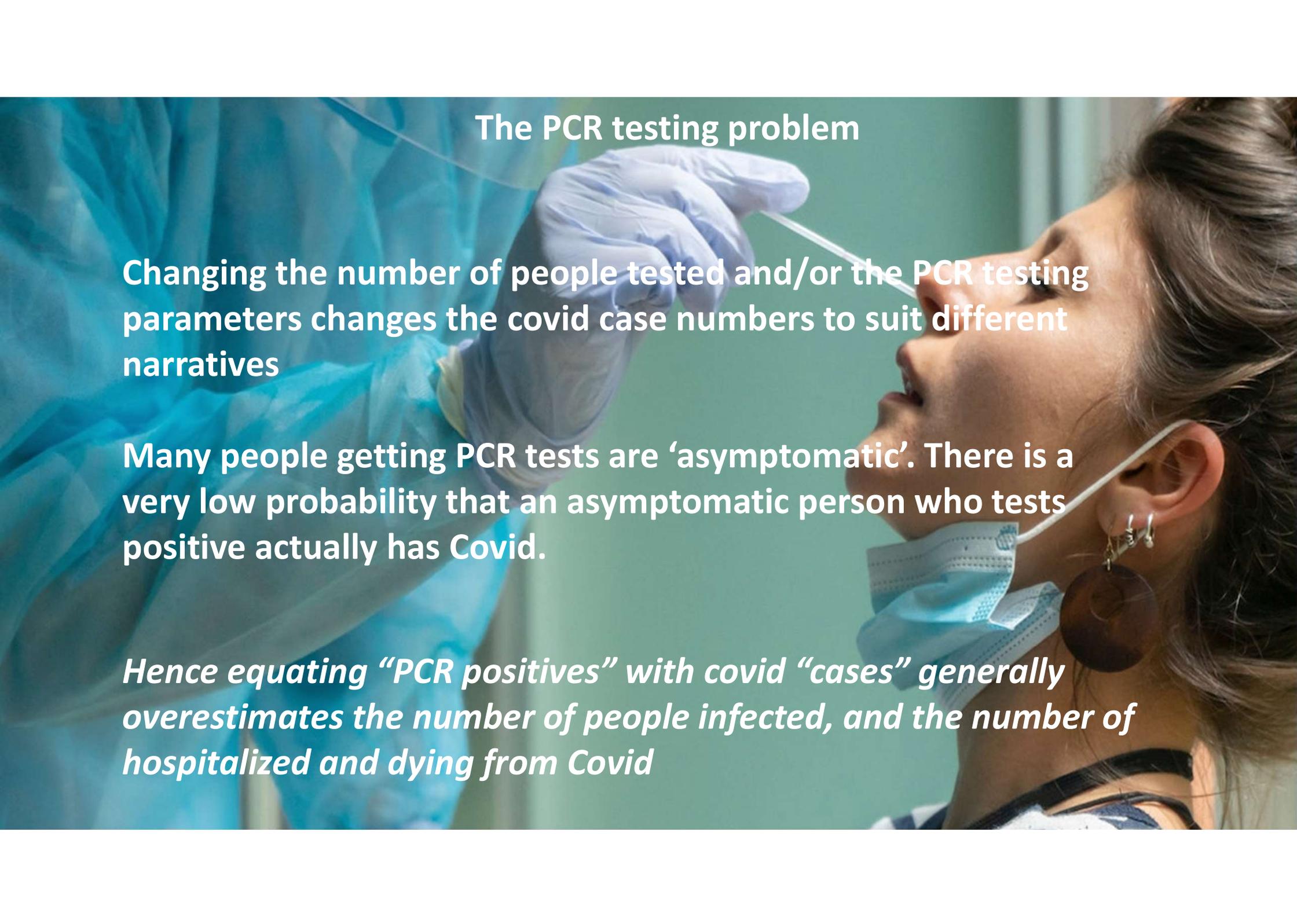
Jane is classified as an unvaccinated Covid case

Peter gets a Covid vaccine and dies the next day

Peter is classified as an unvaccinated death

When dividing 2 numbers is a subversive act of misinformation





The PCR testing problem

Changing the number of people tested and/or the PCR testing parameters changes the covid case numbers to suit different narratives

Many people getting PCR tests are 'asymptomatic'. There is a very low probability that an asymptomatic person who tests positive actually has Covid.

Hence equating "PCR positives" with covid "cases" generally overestimates the number of people infected, and the number of hospitalized and dying from Covid

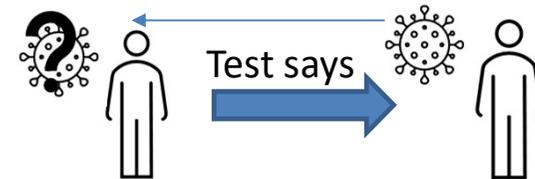
The PCR test 'false positive' problem that few understand

The false positive rate for the PCR test is:



the probability a person who does not have the virus tests positive (A)

This is **NOT** the same as:



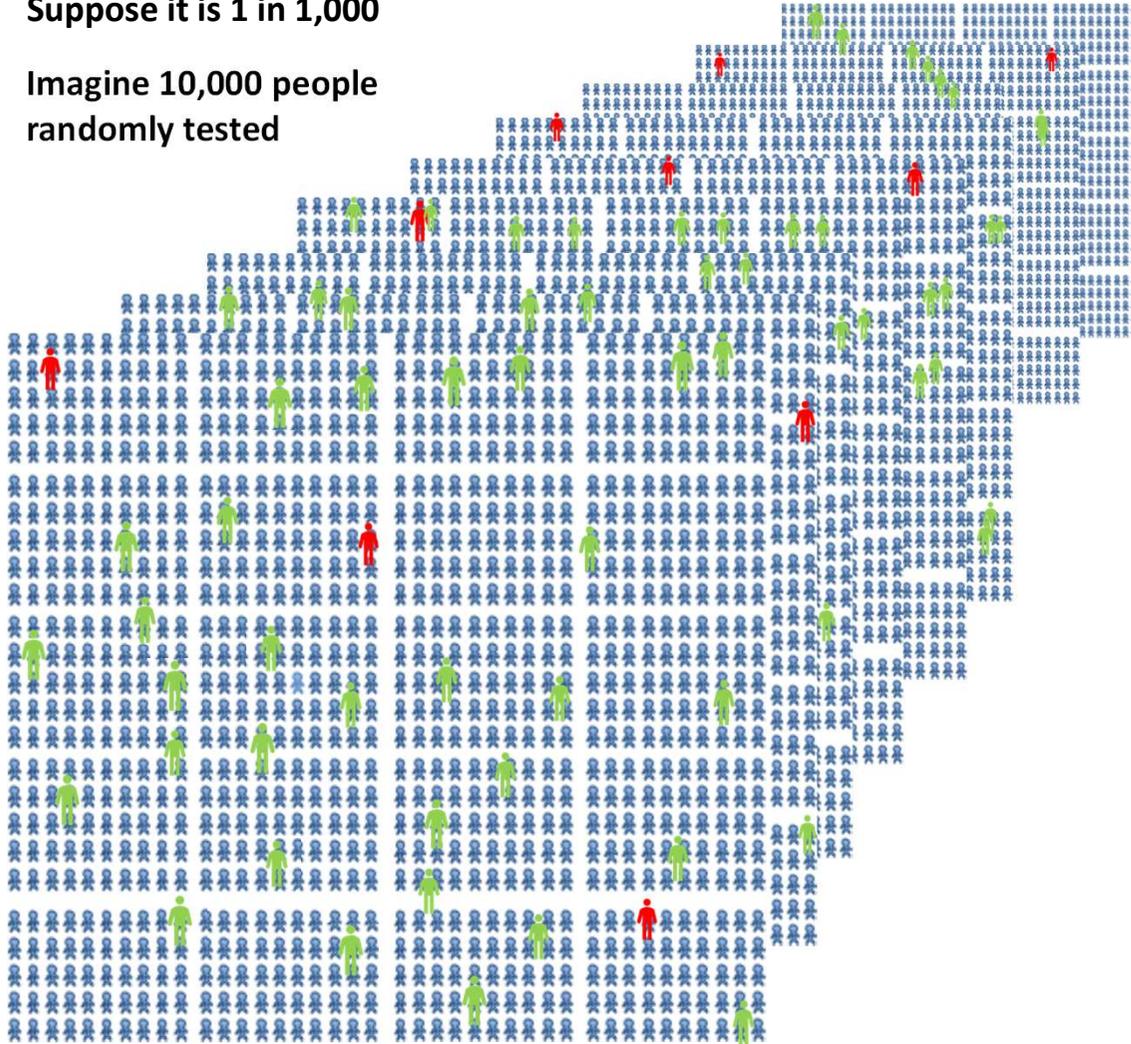
the probability a person who tests positive does not have the virus (B)

Everything depends on the current true (but generally unknown) population infection rate

The False positive problem: If the false positive rate is 1% what are the chances a person testing positive has the virus?

It depends on the population infection rate
Suppose it is 1 in 1,000

Imagine 10,000 people
randomly tested



About 10 have virus



About 100 of those others test positive



10 out of 110 who test positive have the virus
So a person testing positive has a
 $10/110 = 9.1\%$ chance of having virus

Cambridge University Study of Asymptomatics

During 6 academic weeks over winter 2020-21 thousands of asymptomatic students regularly PCR tested

Any positive tests were subject to confirmation testing of same sample

Only 43 samples tested positive over the whole period (so false positive test result was very low less than 0.5%)

But 36 of the 43 were deemed false positives after confirmation testing (84%)

So in practice (as well as theory) an asymptomatic person testing positive was very unlikely (only 16%) to have the virus

When the PCR tests were initially introduced in 2020 confirmatory testing was supposed to be done routinely

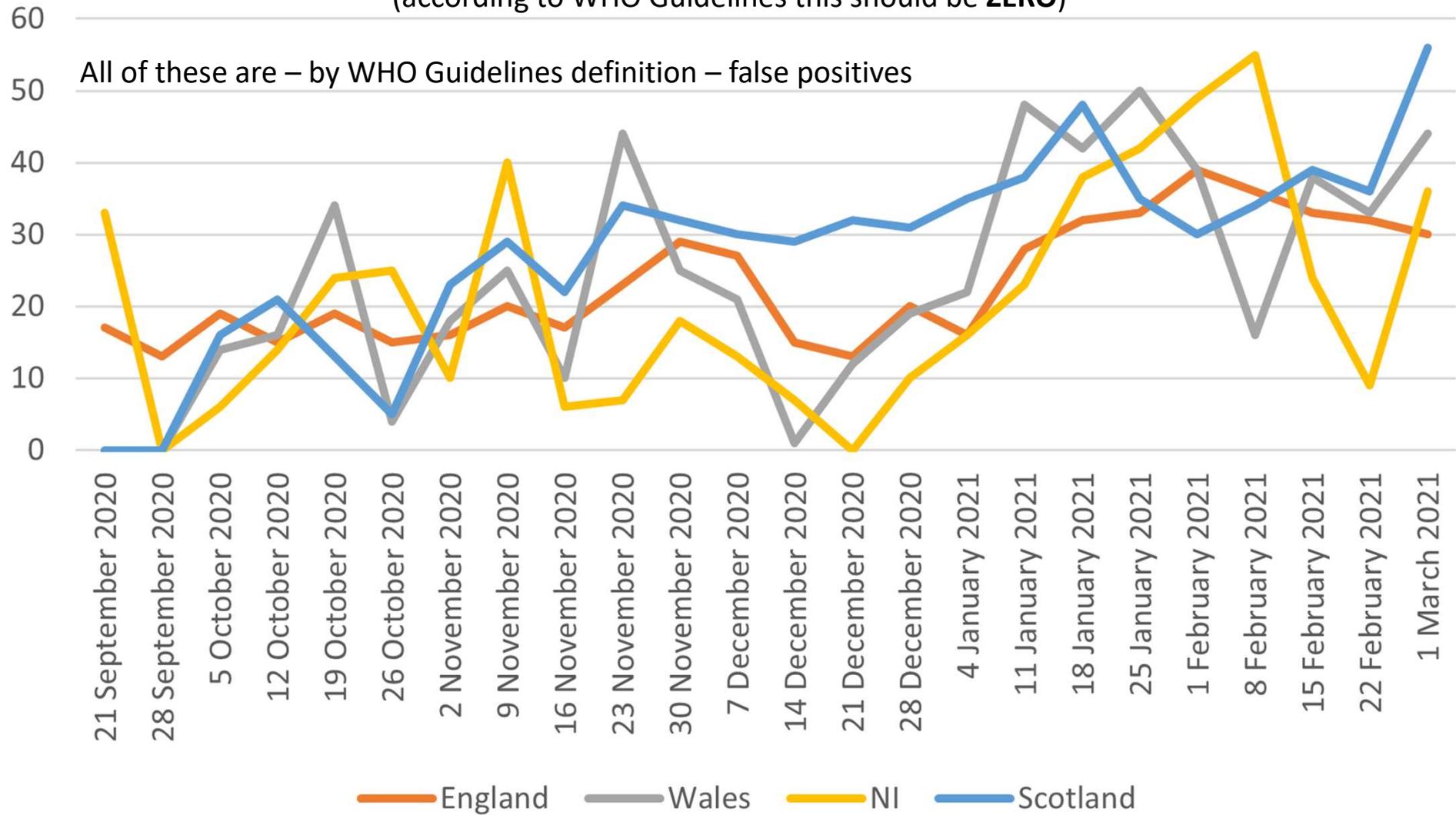
After the mass testing started in Sept 2020 confirmatory testing stopped almost completely

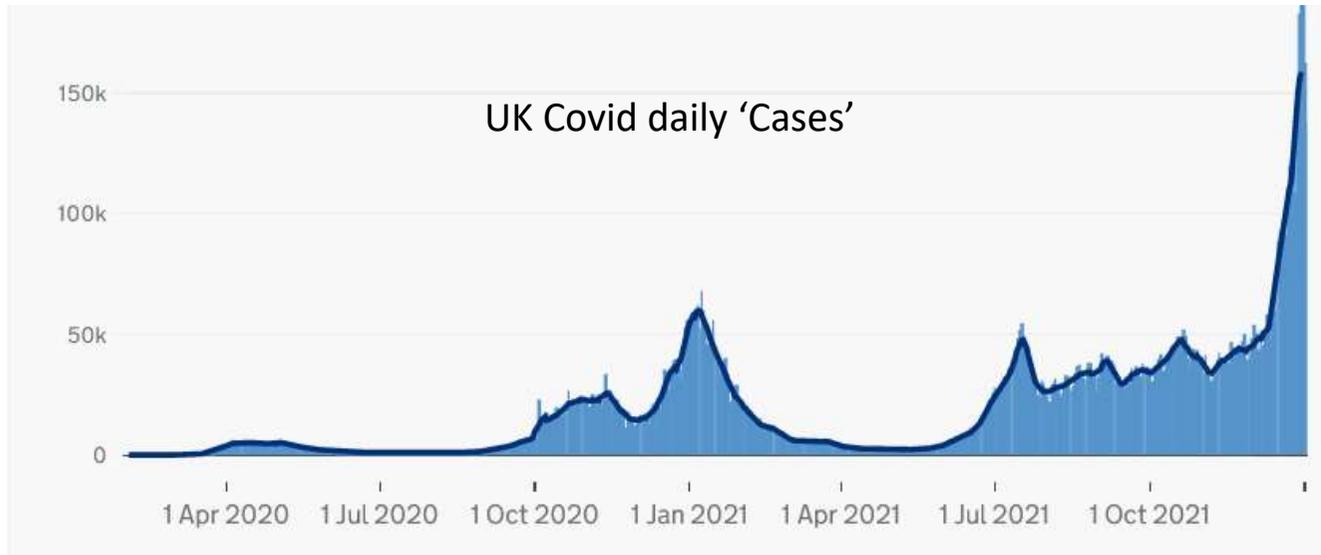
Fenton, N. E., Neil, M., & McLachlan, S. (2021). What proportion of people with COVID-19 do not get symptoms? <https://doi.org/10.13140/RG.2.2.33939.60968>

Percentage of weekly single gene positives (UK nations)

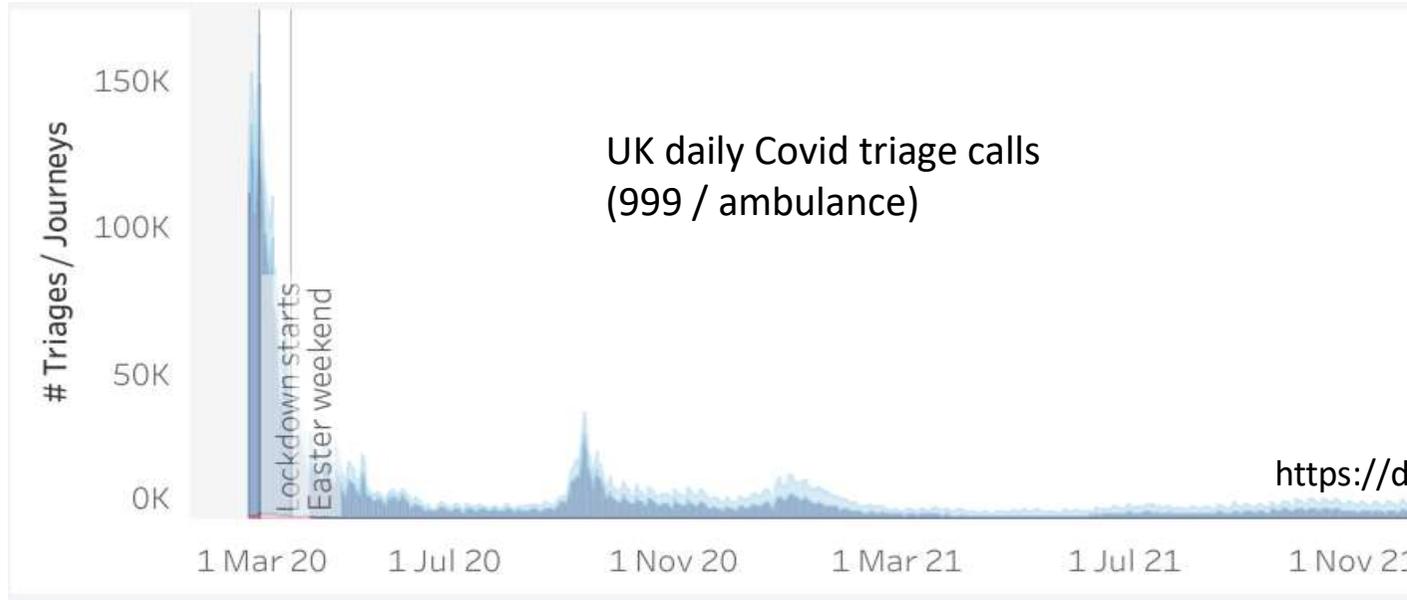
(according to WHO Guidelines this should be **ZERO**)

All of these are – by WHO Guidelines definition – false positives





<https://coronavirus.data.gov.uk/>



<https://digital.nhs.uk/dashboards/nhs-pathways>

**How the vaccines were mis-sold as
safe and effective**

How the narrative has gradually unfolded

Jan 2021	Vaccinated people will not get covid
March 2021	Vaccinated people will not transmit covid even if they get it

April 2021	 <p>Chief Health Officer, Victoria  @VictorianCHO</p> <p>I'm down with COVID. Feeling pretty rubbish, tbh. Razor blade throat and painful cough. Clearly not the same for everyone. Can't imagine how it might have been - for me - without three doses of vax. Good on science. #winteriscoming</p> <p>5:39 am · 13 May 2022 · Twitter for iPhone</p> <hr/> <p>1,228 Retweets 1,753 Quote Tweets 15.8K Likes</p>	...
June 2021		
August 2021		
Nov 2021		
Feb 2022		
Dec 2022		

News Coronavirus

Oxford vaccine 100% effective

Rhys Blakely Science Correspondent

A large US trial of the Oxford-AstraZeneca vaccine has confirmed that it is highly effective at preventing severe Covid-19 and that it works well in older people.

It was also found to be safe with no hint of an increased risk of blood clots. More than 32,000 volunteers took part in the trial, mostly in America, but also in Chile and Peru. They received either two standard doses of the jab or a placebo at a four-week interval.

It was 79 per cent effective in preventing symptomatic Covid-19 and, among the trial participants, it was 100 per cent effective against severe disease.

The results would seem to put to rest the idea that the Oxford jab is somehow substantially inferior to other vaccines. "In participants aged 65 years and over, vaccine efficacy was 80 per cent," AstraZeneca said in a statement.

Several European countries had restricted the vaccine to younger age groups. However, Professor Ann Falsety of the University of Rochester School of Medicine, one of the trial chiefs, said: "This analysis validates the AstraZeneca Covid-19 vaccine as a much-needed additional vaccination option, offering confidence that adults of all ages can benefit from protection against the virus."

An independent data safety monitoring board looked specifically at whether there was any hint of the vaccine leading to an increased risk of a blood venous sinus thrombosis - a rare clot in the brain's venous sinuses. Reports of this condition led to the use of the vaccine being suspended in countries across Europe.

The independent panel, which recruited an independent neurologist to assist its investigation, found no evidence of an increased risk.

It is yet to be seen whether the data will ease anxieties. The Oxford jab has been sniped at for months and US Gov polling released yesterday shows how trust has plummeted across Europe.

More than 60 per cent of people in France thought that the vaccine was not safe, up 18 percentage points from February. In Germany it was 52 per cent. In Britain 77 per cent of adults say it is safe but confidence has taken a knock: 9 per cent say it is unsafe, up four percentage points from February.

Professor Andrew Pollard, lead investigator of the Oxford University trial

of the vaccine, said: "These results are great news as they show the remarkable efficacy of the vaccine in a new population and are consistent with the results from Oxford-led trials.

"We can expect strong impact against Covid-19 across all ages and for people of all different backgrounds from widespread use of the vaccine."

Professor Sarah Gilbert, one of the designers of the vaccine, said: "In many different countries and across age groups the vaccine is providing a high level of protection against Covid-19 and we hope this will lead to even more widespread use."

The Oxford vaccine is cheaper and easier to handle than others but several countries in Europe and in other parts of the world suspended its use last week after reports of blood clots.

The EU medical regulator and the World Health Organisation had already stated that there was no evidence linking the jab to an increased risk of clotting.

Among the 20 million people who had received the vaccine across Europe, 25 had developed clots. The rate that would normally occur among unvaccinated people is higher.

Sir Mene Pangalos, head of research and development for AstraZeneca, said: "I do hope [the trial results] puts to bed any doubts about the vaccine efficacy. Overall it's been shown to be highly effective. So I hope that the US study now will continue to give the vaccine some momentum and get it used even further around the world."

He added that the vaccine could win emergency authorisation in the US in the second half of April. If so, the company could deliver 30 million doses immediately and an additional 20 million within the first month.

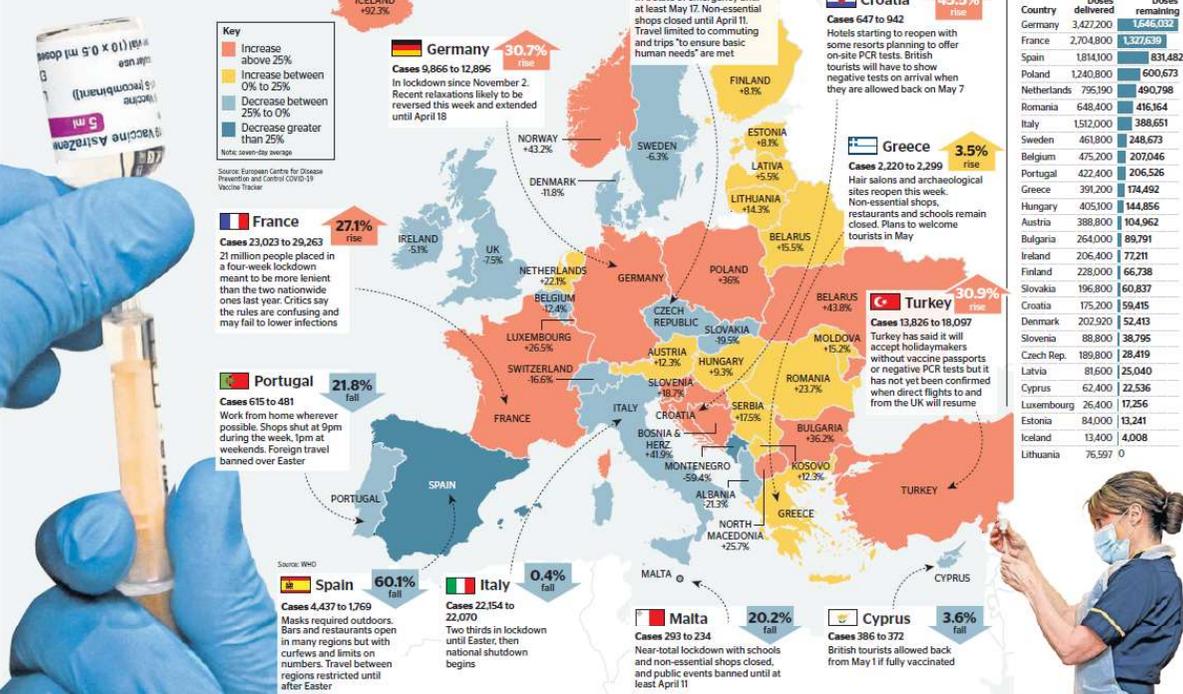
Whether the US would use it is uncertain. The Biden administration has already forecast that it will have enough doses for all adults by the end of May, using supplies from Pfizer, Moderna and Johnson & Johnson, whose vaccines have already been approved there. The White House has faced calls to offer its stocks of the Oxford jab to other countries.

Anthony Fauci, the top US infectious disease expert, said of the results: "There are very many countries in Europe and throughout the world who have already authorised this, so the fact that a United States-run study has confirmed the efficacy and the safety of this vaccine I think is an important contribution to global health in general."

Vaccine news, letters on page 28. I've got vaccine envy, Time 2

Holidays in the balance

Where the average number of cases has increased or decreased between March 14 and 21



What's happened to AstraZeneca? Why Oxford vaccine has disappeared

ASTRAZENECA'S vaccine is not being offered as part of the UK's booster roll-out which to date has seen more than 30 million Brits take advantage of. So, why is this the case?

By **JAMES GRAY**

07:00, Fri, Dec 24, 2021 | UPDATED: 07:11, Fri, Dec 24, 2021

COVID-19: Blood clots from Astrazeneca jab killed mother, coroner finds

Michelle Barlow, 51, got the AstraZeneca jab in early March this year - before the risks of clotting associated with the vaccine were fully understood. Her husband says she is a hero for the "lessons" learned from her death.

🕒 Friday 26 November 2021 15:18, UK

NEWS

AstraZeneca vaccine linked to unusual blood clots – European Medicines Agency



Apr 07, 2021 12:00 am · [Make a comment](#)



BBC presenter Lisa Shaw died of Covid vaccine complications, coroner finds

Shaw died of a brain haemorrhage caused by a blood clot three weeks after her first AstraZeneca dose



Fundamental problems in the Pfizer clinical trial and the “95% effective” claim

- Randomized, double-blinded and placebo-controlled trial of the vaccine in 44,000 participants
- Multiple protocol violations in the trial
- 95% effectiveness claim based on the fact that (post injection) there were 162 covid cases among placebo participants compared to just 8 among the vaccinated participants.
- But - much larger number of 'suspected but unconfirmed' cases evenly spread
- Disproportionately small number of vaccinated participants with symptoms received PCR tests compared to placebo participants with symptoms.
- Pfizer excluded participants who developed covid before their second dose. 143 patients were withdrawn because they had covid before 2nd dose. 66 were at site 1231 in Argentina.
- Major irregularities in the largest site (number 1231)
- No safety outcome tested in trial
- More deaths overall in vaccine arm than placebo arm

**Maddie de Garay Pfizer
trial vaccine injury victim**



**Unacknowledged Pfizer
trial vaccine injury victim**

Augusto German Roux

<https://rumble.com/v1ds6m7-the-man-who-holds-the-key-to-bringing-down-the-pfizer-pfraud-daniel-horowitz.html>



Two Pfizer Covid vaccine doses give over 95% protection, shows Israel study

First research of its kind shows power of vaccines to stem pandemic, cutting hospitalisation, death and infection rates

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▲ A couple walk past a coronavirus graphic in a vaccination centre in Jerusalem, Israel. Photograph: Debbie Hill/UPI/REX/Shutterstock

Two doses of the Pfizer/BioNTech vaccine have proved more than 95% effective against infection, hospitalisation and death from Covid-19 in [Israel](#), the country with the highest proportion of its population vaccinated in the world, research has found.

Observational studies of effectiveness are fundamentally flawed

- Rely on numbers of 'cases' in vaccinated v unvaccinated.
- Those who are PCR positive within 14 days of vaccination classified as 'unvaccinated'.
- Those who are (or were recently) PCR positive have to delay vaccination until negative.

Also: Vaccinated people are less likely to have to get tested

In this observational study (reported in Lancet) on average:

- each unvaccinated person received two PCR tests
- one in six vaccinated people received a PCR test

The special problems with the UK data

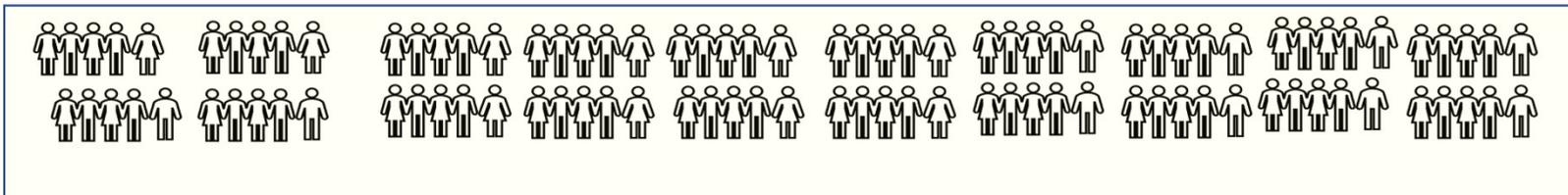
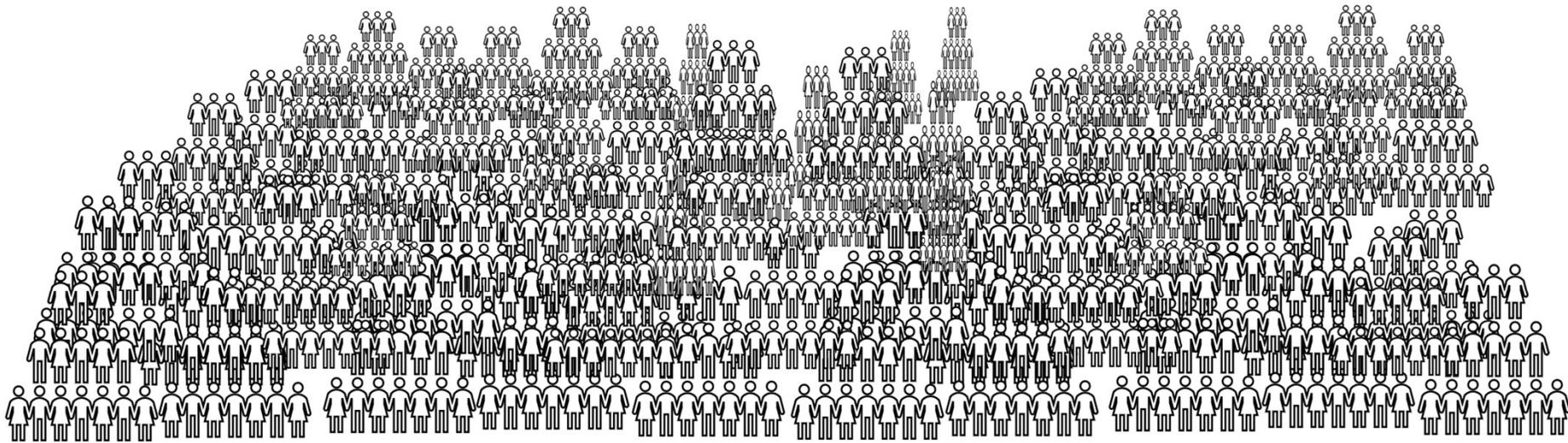
The problem with the UK data on vaccine safety and effectiveness



ONS and UKHSA are the main sources of data with their regular vaccine surveillance reports

But their estimates of the proportion of adult unvaccinated are very different

Imagine a population of 10,000 people

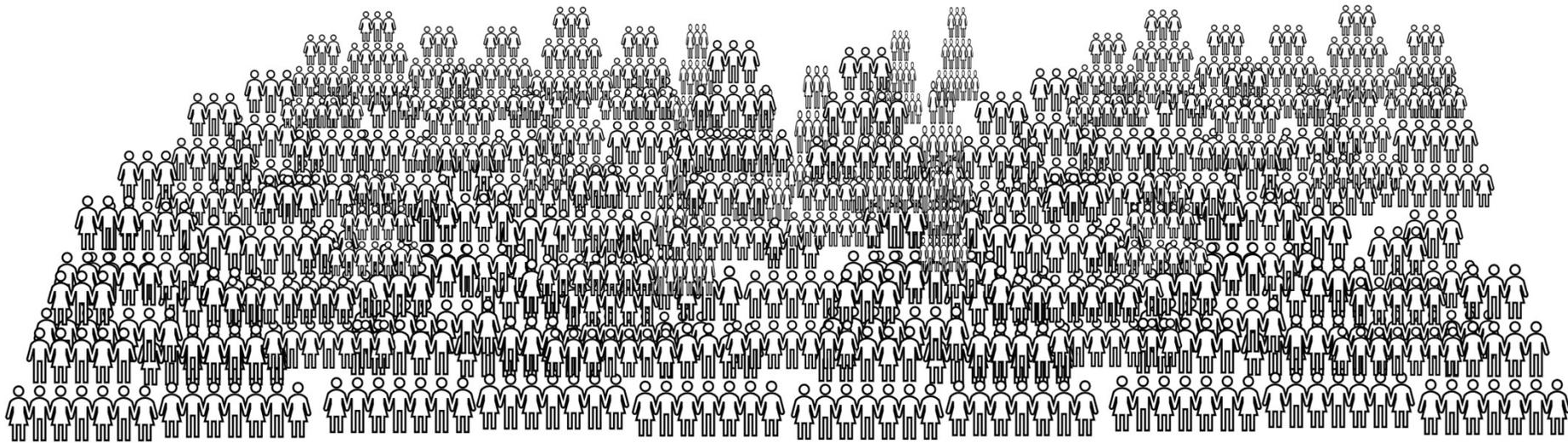


100 die of the virus

So 100 out of 10,000 die of the virus
That's a mortality rate of 100 per 10K

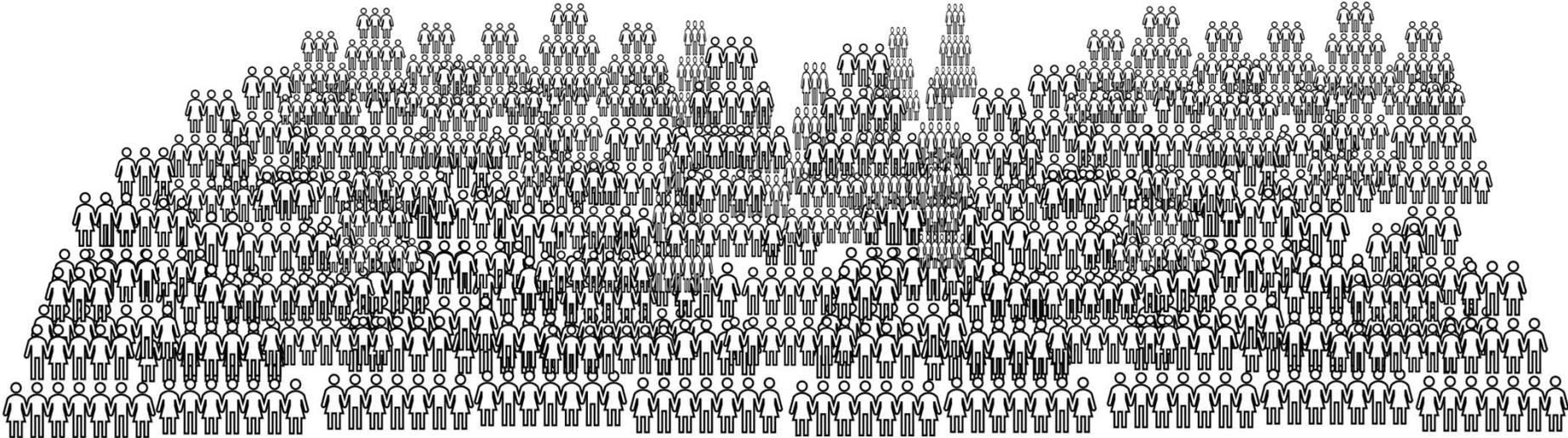
*But we want to compare the mortality rate of
the unvaccinated against the vaccinated*

We first need to know how many of those who die are unvaccinated



100 die of the virus

We first need to know how many of those who die are unvaccinated



100 die of the virus

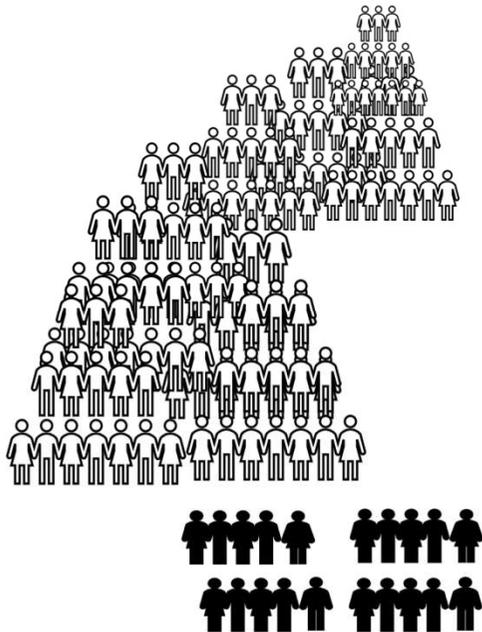
20 are unvaccinated

80 are vaccinated

BUT: to compare the mortality rate of the unvaccinated against the vaccinated we ALSO need to know what proportion of the population as a whole is unvaccinated

Assume 10% of the population is unvaccinated

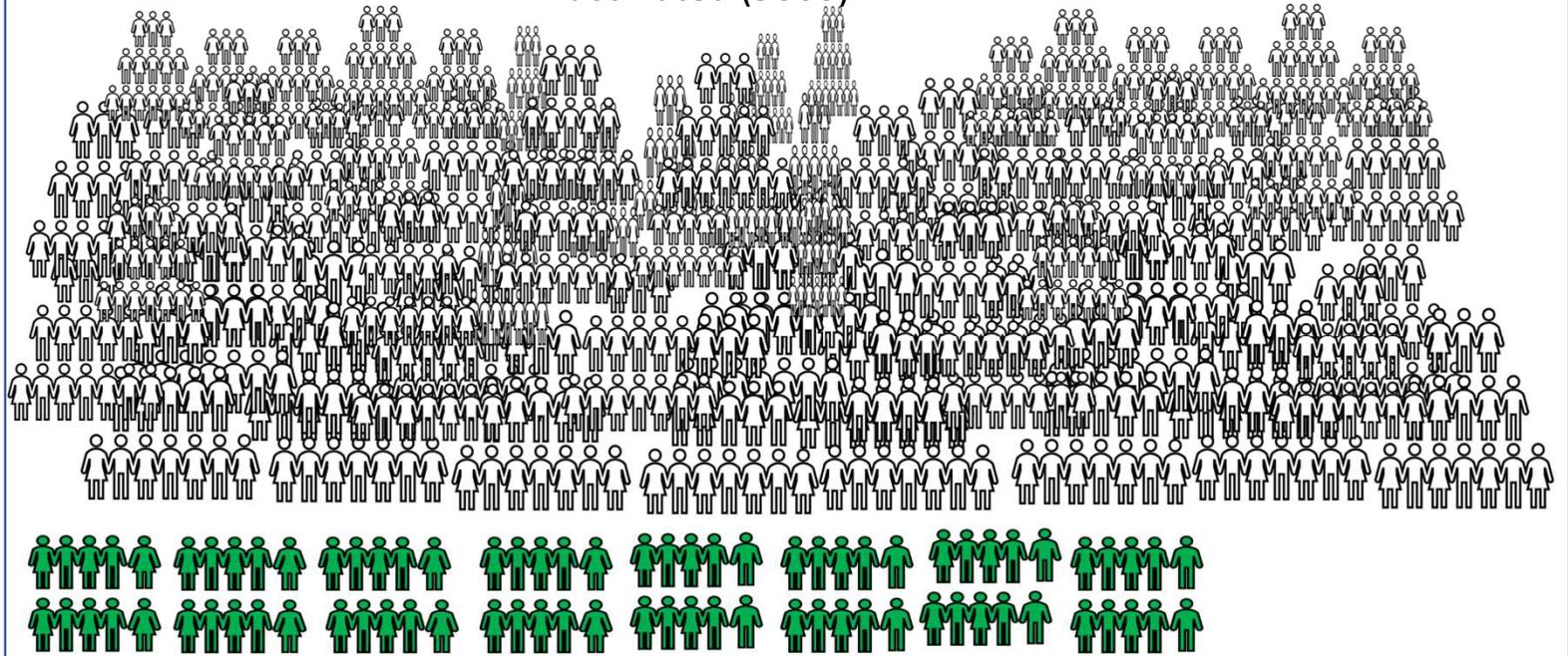
Unvaccinated (1000)



So 20 out of 1000
unvaccinated die of the virus

That's a mortality rate of
200 per 10K

Vaccinated (9000)



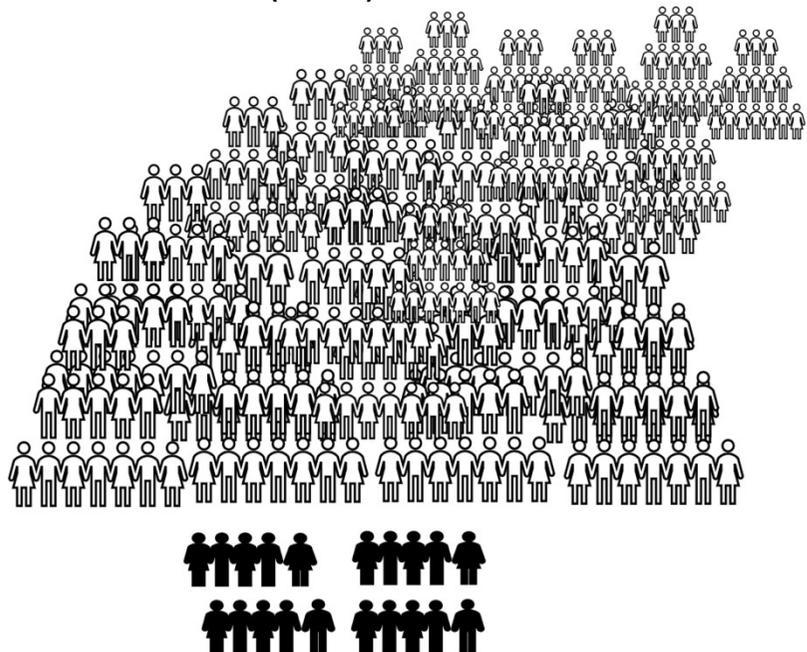
So 80 out of 9000
vaccinated die of the virus

That's a mortality rate of
89 per 10K

Mortality rate of unvaccinated is over twice that of vaccinated

But what if 30% of the population is unvaccinated

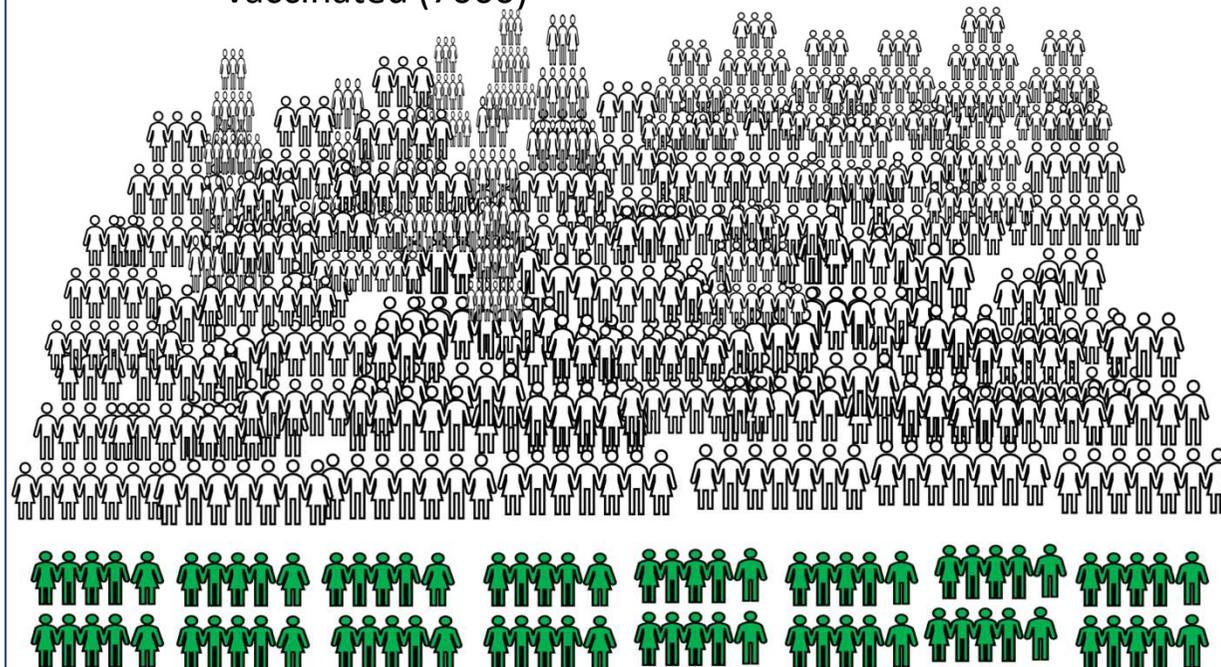
Unvaccinated (3000)



So 20 out of 3000
unvaccinated die of the virus

That's a mortality rate of
67 per 10K

Vaccinated (7000)



So 80 out of 7000
vaccinated die of the virus

That's a mortality rate of
114 per 10K

Mortality rate of vaccinated is nearly twice that of unvaccinated

So getting an accurate estimate of the true population proportion of unvaccinated is critical in determining vaccine efficacy and safety

The ONS estimates just 8% of the adult population is unvaccinated

But UKHSA estimates 20% of the adult population is unvaccinated



BBC Press Office 

@bbcpress



Professor Hannah Fry (@FryRsquared) seeks to understand why 8% of the population remain unvaccinated against Covid-19 in #Unvaccinated - an eye-opening new documentary for @BBCTwo 🙌

bbc.in/3liuRm2

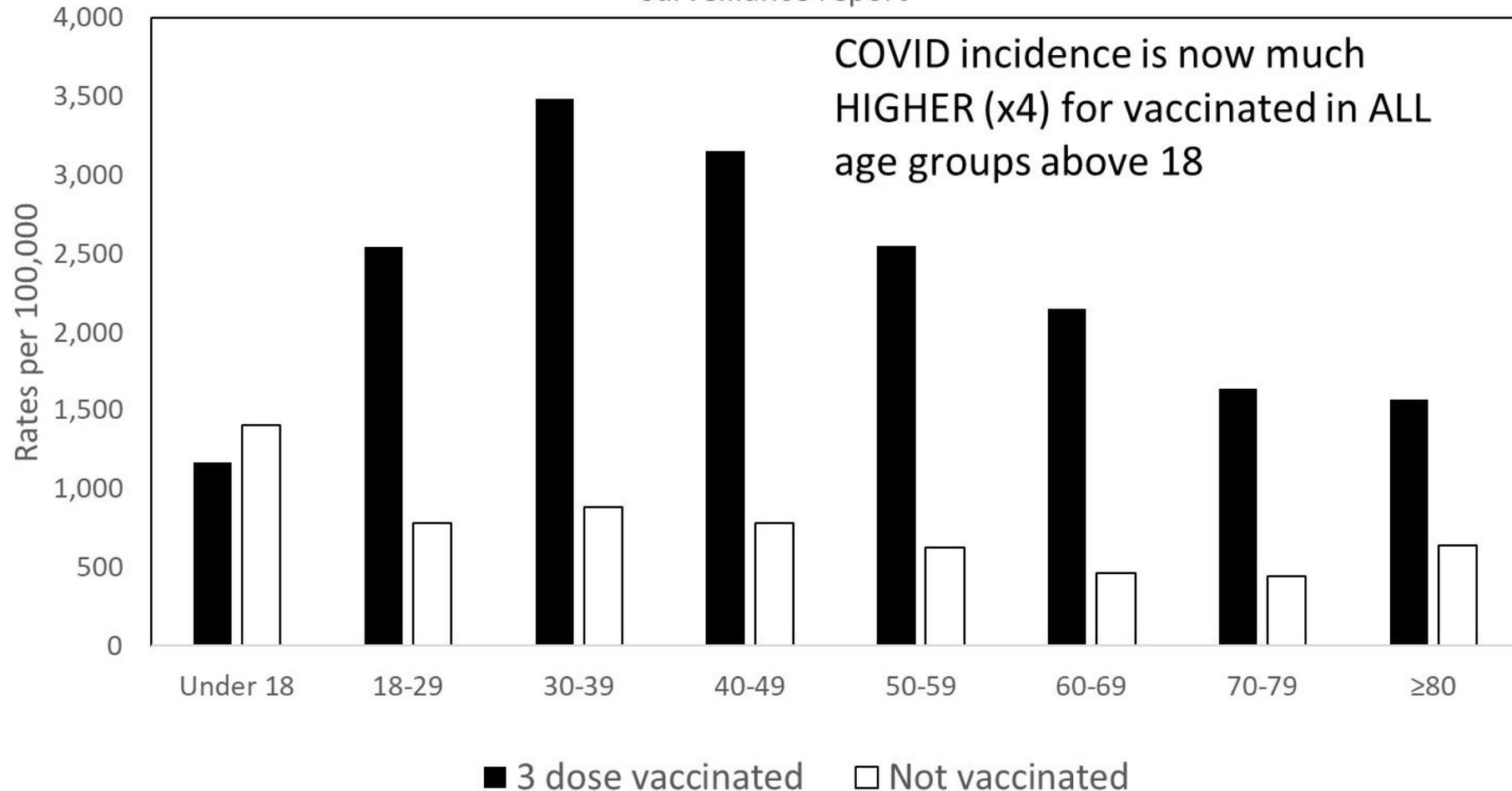


STV commissioned ICM Unlimited to carry out nationally representative research examining attitudes towards Covid-19 vaccination. The findings of the research were used to inform a BBC documentary, *Unvaccinated*, which first aired on BBC2 on 20th July 2022. The programme is available on the BBC iPlayer at <https://www.bbc.co.uk/iplayer/episode/m0019g27/unvaccinated>.

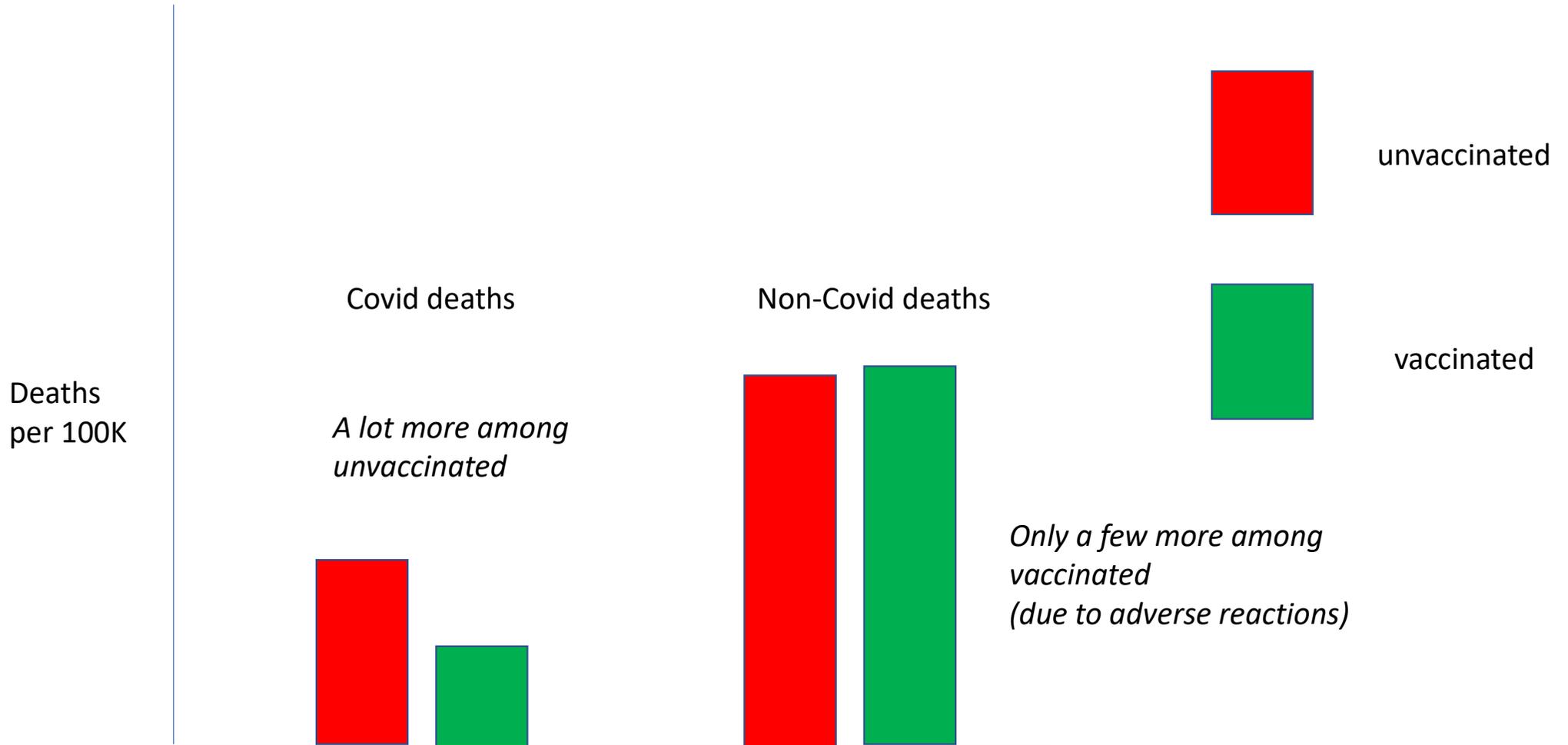
ICM Unlimited interviewed a sample of 2,570 UK residents, including 1,894 vaccinated residents (who had received at least one dose of the Covid-19 vaccination), and 664 unvaccinated residents (who had not received any Covid-19 vaccinations, either through choice or medical exemption). The data were weighted to be representative of the UK population in terms of demographics and vaccination take-up.

Interviews were carried out between 27th April and 2nd May 2022, via an omnibus survey that ICM Unlimited runs twice a week. Data tables for the poll can be found by clicking the link below.

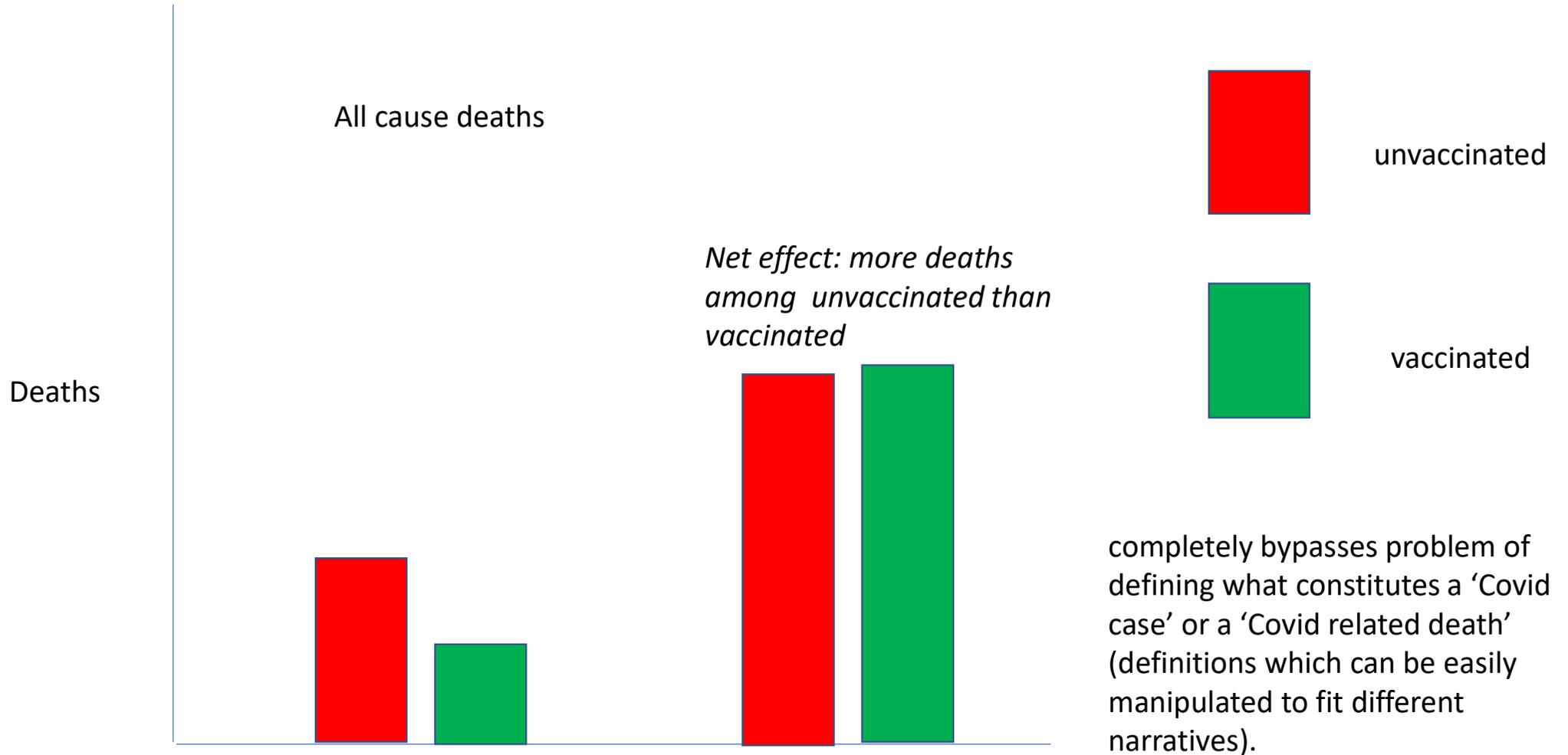
COVID incidence per 100k cases reported week 8 to 11 2022 - 3 dose vaccinated (black bar) and unvaccinated (white bar) - partially vaccinated not shown - directly from UK HSA surveillance report



If Covid is as deadly as claimed and if the vaccination is as safe and effective as claimed then



If Covid is as deadly as claimed and if the vaccination is as safe and effective as claimed then



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[Deaths involving COVID-19 by vaccination status, England](#)

Deaths involving COVID-19 by vaccination status, England: deaths occurring between 2 January and 24 September 2021

Weekly age-standardised mortality rates and age-specific rates for deaths involving COVID-19 by vaccination status; deaths occurring between 2 January and 24 September 2021 in England.

This is the latest release. [View previous releases](#)

Contact:

[Charlotte Bermingham, Jasper Morgan and Vahé Nafilyan](#)

Release date:

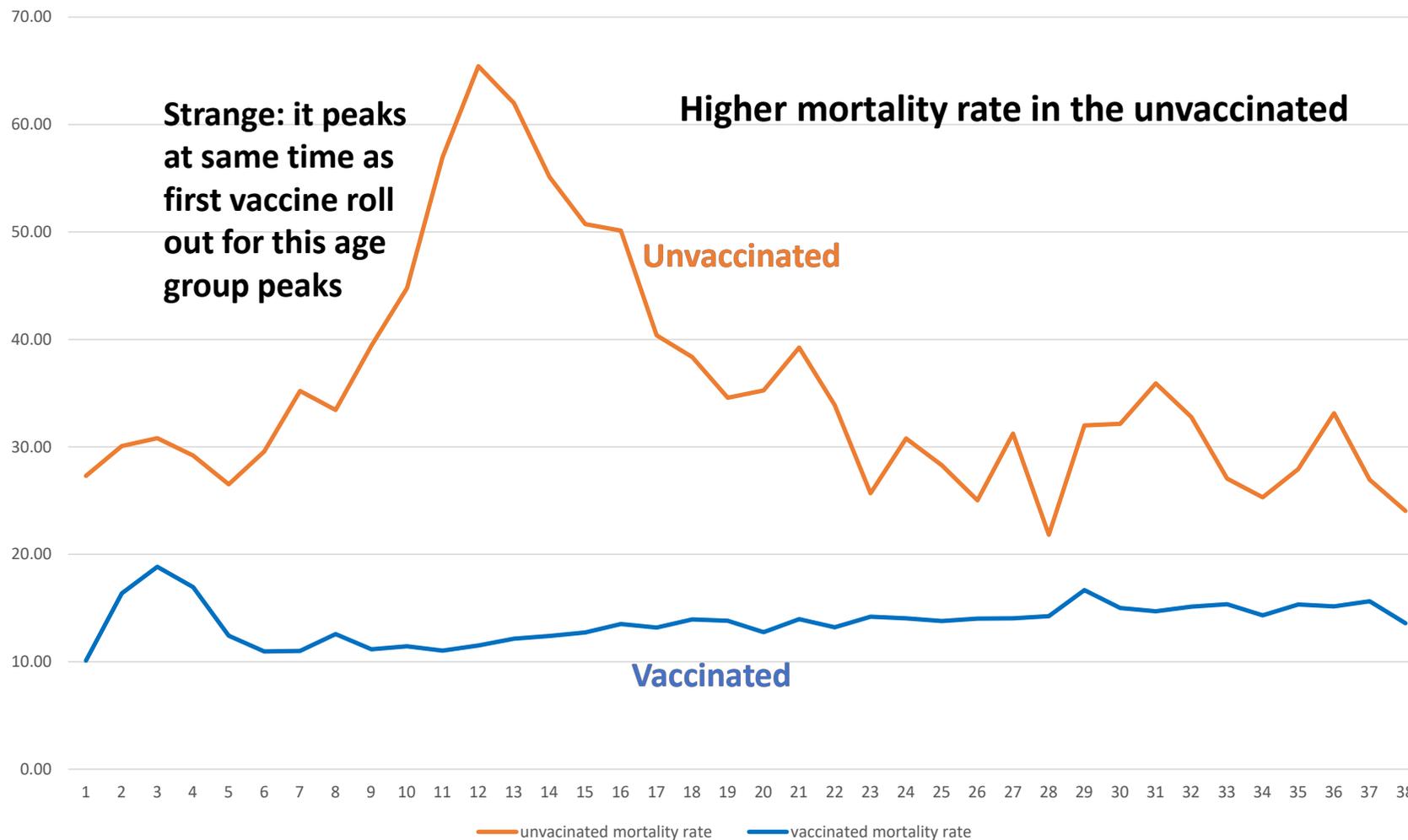
1 November 2021

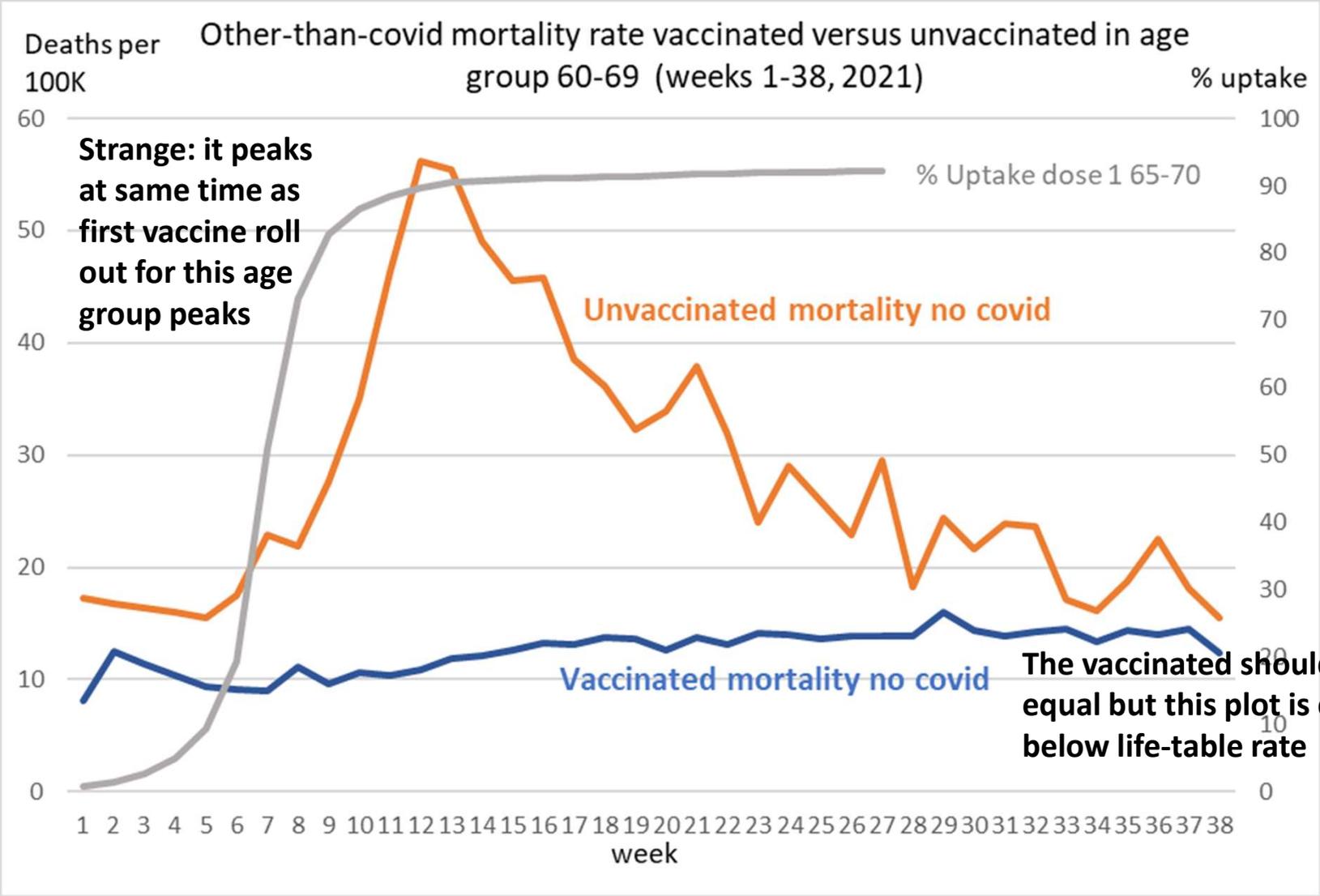
Next release:

To be announced

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-involvingcovid19byvaccinationstatusengland/deathsoccurringbetween2januaryand24september2021>

All-cause mortality rate in 60-69 age group





Official mortality data for England suggest systematic miscategorisation of vaccine status and uncertain effectiveness of Covid-19 vaccination

January 2022

DOI: [10.13140/RG.2.2.28055.09124](https://doi.org/10.13140/RG.2.2.28055.09124)

Martin Neil, Norman Fenton, Joel Smalley, Clare Craig, Joshua Guetzkow, Scott McLachlan, Jonathan Engler, Dan Russell and Jessica Rose

<http://dx.doi.org/10.13140/RG.2.2.28055.09124>

Official mortality data for England reveal systematic undercounting of deaths occurring within first two weeks of Covid-19 vaccination

Clare Craig¹, Martin Neil², Norman Fenton², Scott McLachlan², Joel Smalley¹, Josh Guetzkow³, Jonathan Engler¹, Dan Russell¹ and Jessica Rose⁴

3 March 2022

Abstract

The accuracy of any data purporting to show covid 19 vaccine effectiveness or safety is critically dependent on the accuracy of four measurements: (1) people classified as having the disease; (2) vaccination status; (3) reported deaths; and (4) the population of vaccinated and unvaccinated (the so called 'denominators'). Errors in any of these could undermine claims of vaccine effectiveness or safety. We have previously identified anomalies in the UK Government's ONS deaths by vaccination status data (ONS dataset) - specifically that some deaths occurring shortly after vaccination are being wrongly classified as unvaccinated deaths. In this paper we identify a further problem that appears to explain anomalies in the ONS data: the total deaths reported by ONS are significantly lower than we would expect compared to other government datasets, even allowing for the fact that the ONS use only a subset of the population. For both non-covid and covid deaths respectively the number of deaths reported for the *within 21 days of first dose* vaccination category tally almost perfectly with the number of deaths that would be expected should they have occurred in the third week alone. Thus, for both covid and non-covid deaths, the two weeks of post first vaccination deaths appear to have been omitted from the ONS dataset. This pattern is repeated in all age groups over 60. A variety of factors could have led to deaths in the first 14 days being omitted in the ONS dataset, including miscategorisation, reporting lags and data handling or transcription errors. The dataset is therefore corrupted, making any inferences about vaccine efficacy or safety that are reliant on the data, moot. Accordingly, the ONS should publicly withdraw their dataset and call for the retraction of any claims made by others that are based upon it.

July 2022 ONS Report confirms the data are useless

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsbyvaccinationstatusengland>

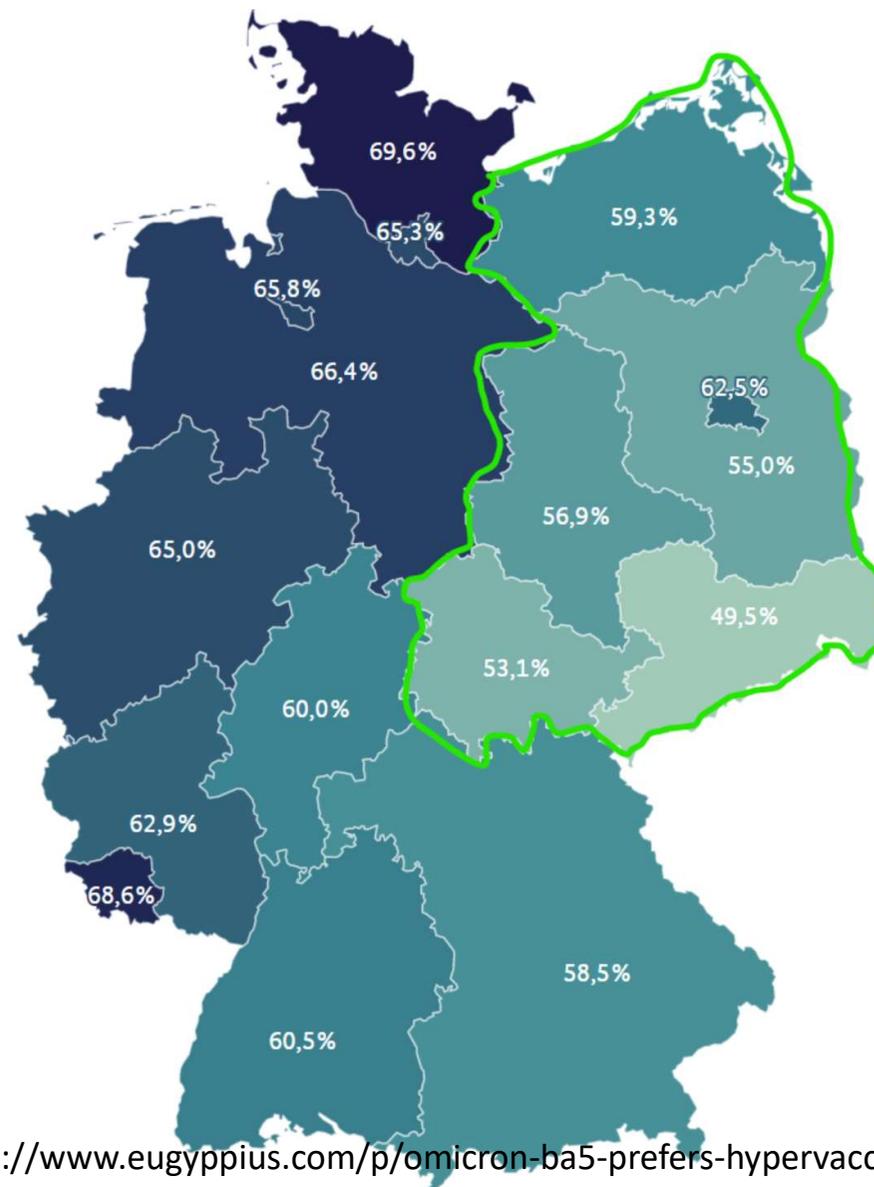
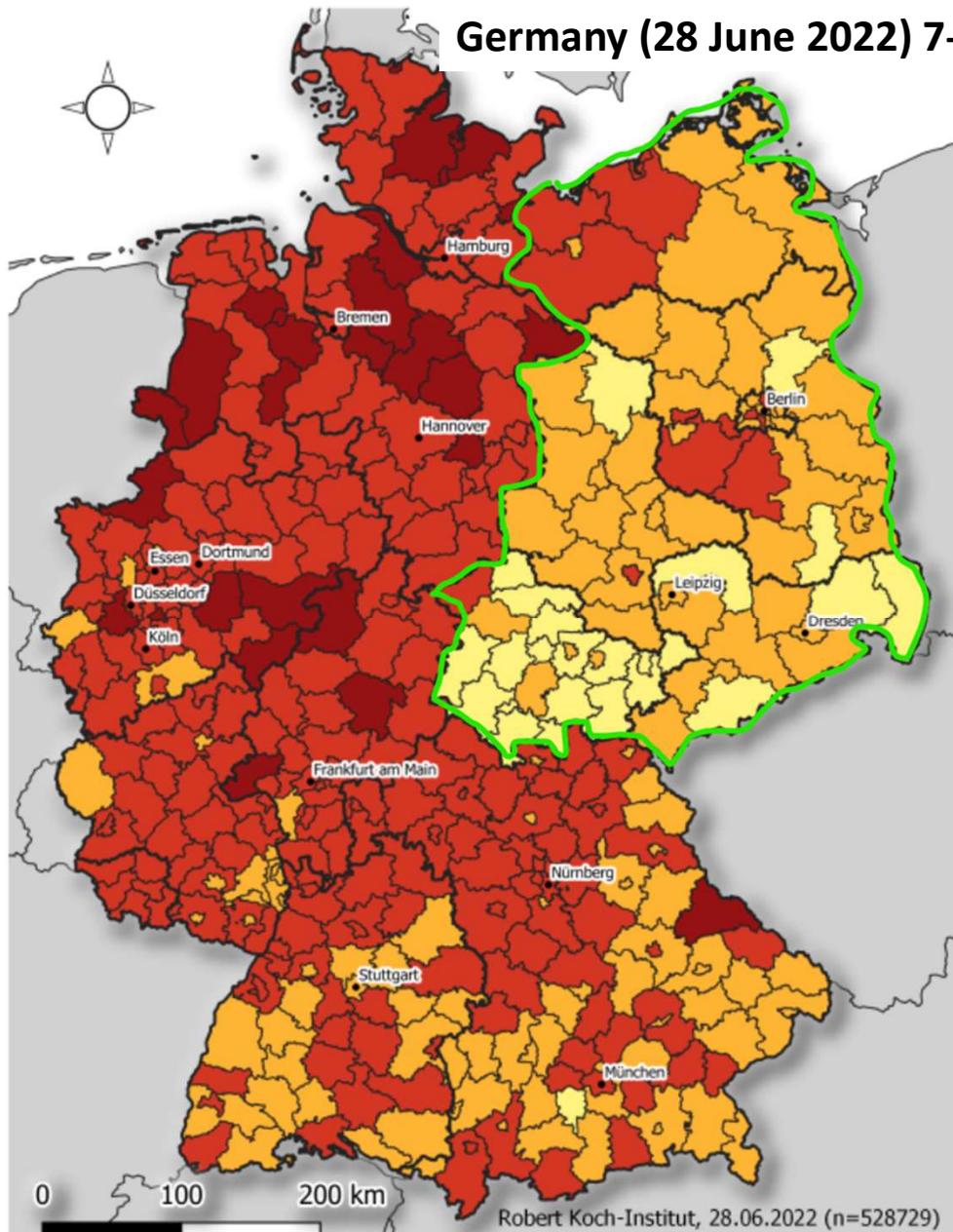
ONS claim about annual mortality since vaccine introduction

	age standardized mortality rate for non-covid deaths (per 100K people)
Unvaccinated	1474.3
Ever vaccinated	892.9

Year	age standardized mortality rate
2019	925.0
2018	965.4
2017	965.3
2016	966.9
2015	993.2
2014	953.0
2013	985.9
2012	987.4
2011	978.6

**Real world evidence of lack of efficacy
and safety**

Germany (28 June 2022) 7-day Covid case rates v vaccine uptake percentage



<https://www.eugyppius.com/p/omicron-ba5-prefers-hypervaccinated>

OpenVAERS (Vaccine Adverse Event Reporting System)

Updated 2 Sept 2022

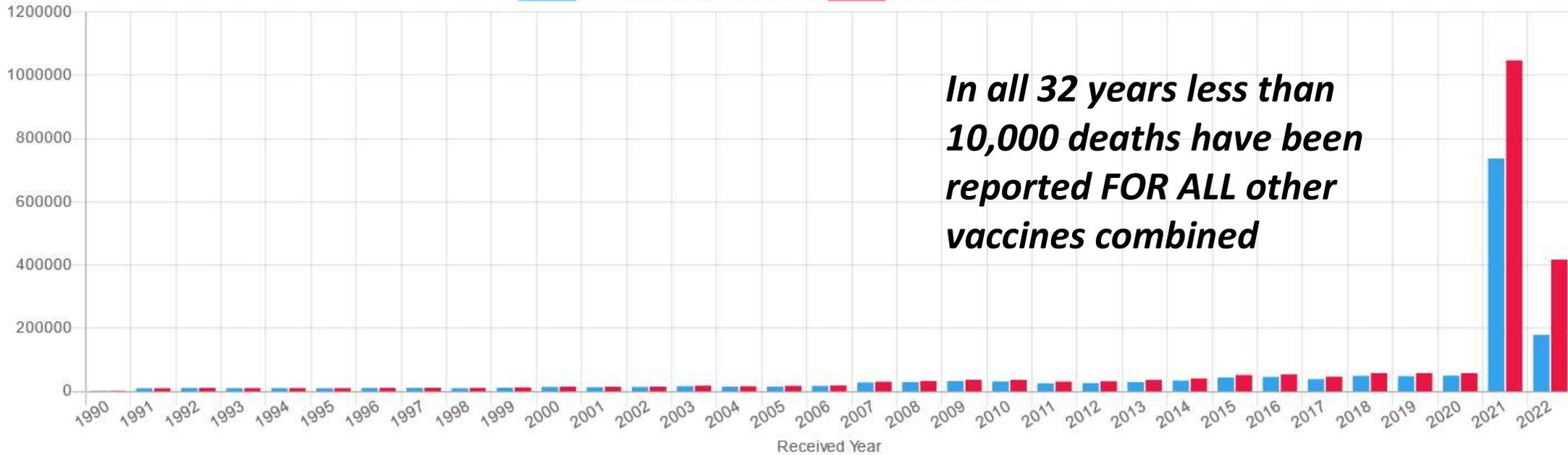
30,796 reports of Covid vaccine deaths

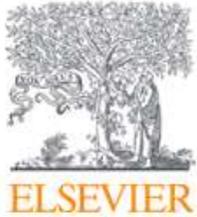
176,338 reports of Covid vaccine hospitalizations

1,400,350 reports of Covid vaccine adverse events in VAERS

All Reports to VAERS by Year

All VAERS Reports US/Terr./Unk. All VAERS Reports





Vaccine

Volume 40, Issue 40, 22 September 2022, Pages 5798-5805



Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults

Joseph Fraiman ^a, Juan Erviti ^b, Mark Jones ^c, Sander Greenland ^d, Patrick Whelan ^e, Robert M. Kaplan ^f, Peter Doshi ^g

Using only the trial data submitted by the companies to the FDA, Pfizer and Moderna mRNA COVID-19 vaccines were associated with a 16 % higher risk of serious adverse events.

The special problem of vaccination and pregnancy

The vaccine in pregnancy controversy: Compare and Contrast

Guidance

COVID-19 vaccination: a guide on pregnancy and breastfeeding

Updated 11 April 2022

Applies to England

Contents

[COVID-19 vaccination in pregnancy](#)

[Why you need the vaccine if you are pregnant](#)

[Risk factors for pregnant women](#)

COVID-19 vaccination is strongly recommended for pregnant and breastfeeding women.

The coronavirus (COVID-19) vaccines available in the UK have been shown to be effective and to have a good safety profile. It is important to have your COVID-19 vaccinations to protect you and your baby.

screenshot from:

<https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-for-women-of-childbearing-age-pregnant-planning-a-pregnancy-or-breastfeeding>

at 18:19 on 29 August 2022

Decision

Summary of the Public Assessment Report for COVID-19 Vaccine Pfizer/BioNTech

Updated 16 August 2022

Applies to England, Scotland and Wales

available. In the context of supply under Regulation 174, it is considered that sufficient reassurance of safe use of the vaccine in pregnant women cannot be provided at the present time: however, use in women of childbearing potential could be supported provided healthcare professionals are advised to rule out known or suspected pregnancy prior to vaccination. Women who are breastfeeding should also not be vaccinated. These judgements reflect

screenshot from:

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/summary-public-assessment-report-for-pfizerbiontech-covid-19-vaccine>

at 18:19 on 29 August 2022

MailOnline

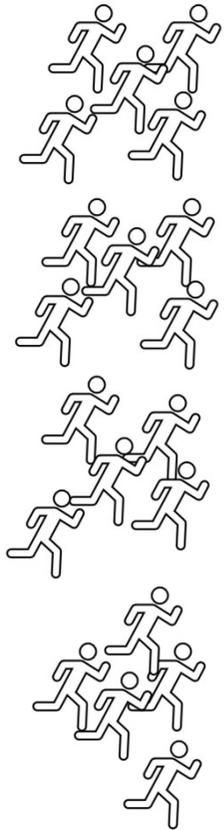
Pregnant women who had Covid jab were 15% LESS likely to suffer a stillbirth, 'reassuring' study finds — despite fears fuelled by anti-vaxxers

- Pregnant women who get Covid jab are 15% less likely to experience stillbirth
- Pfizer and Moderna jabs not linked with any increase in adverse side effects
- The vaccines also provided 90% protection against catching the virus

By [EMILY CRAIG HEALTH REPORTER FOR MAILONLINE](#)

But the studies that make such claims are fundamentally flawed

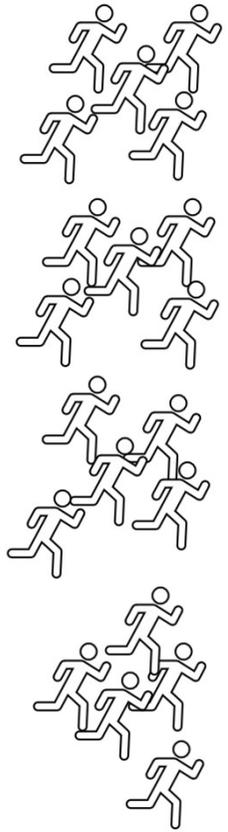
Survivor bias



20km



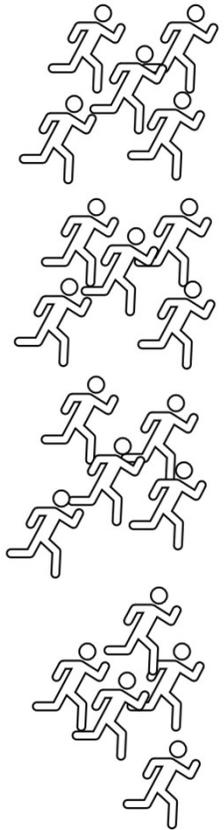
40km



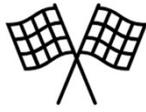
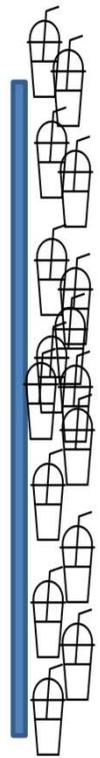
20km



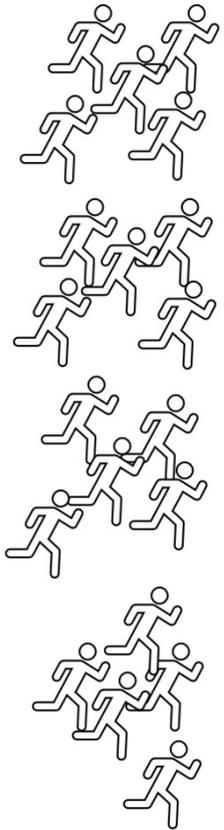
40km



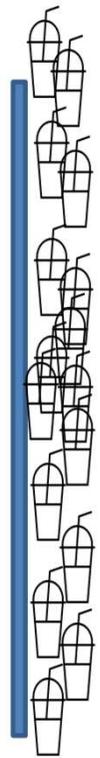
20km



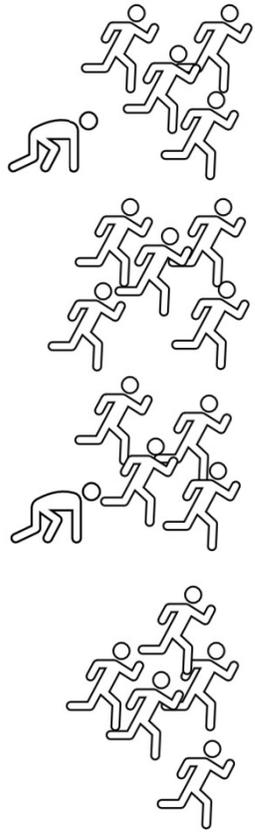
40km



20km



40km



20km



40km



20km



40km



20km



40km

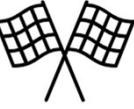
20km



40km



20km



40km

20km



40km



20km



40km





20km



40km



	Runners who start race		Runners who complete race	Completion rate	
Drink	10		7	70%	
No drink	10		5	50%	

	Runners who start race	Runners who complete first 20km (X)	Runners who complete race (Y)	Completion rate	
Drink	10	10	7	70%	
No drink	10	6	5	50%	

	Runners who start race	Runners who complete first 20km (X)	Runners who complete race (Y)	Completion rate	Completion rate of those given drink option (Y/X)
Drink	10	10	7	70%	70%
No drink	10	6	5	50%	83%

Now replace:

- Starting marathon runners --> newly pregnant women
- Runners who complete the race --> those who delivered a healthy baby
- Vitamin drink at 20km --> vaccine at 20 weeks into the pregnancy

	Newly pregnant women	Women who reach 20 week (X)	Women who deliver healthy baby (Y)	Healthy baby delivery rate	Healthy baby delivery rate of those given vaxx option (Y/X)
Vaxx at week 20	10	10	7	70%	70%
No vaxx	10	6	5	50%	83%

This hypothetical example is massively oversimplified

But this 'survivor bias' problem is still highly relevant to the real-world studies and data

<https://www.normanfenton.com/post/the-statistical-illusion-of-better-pregnancy-outcomes-for-vaccinated-women>

Summary

- Except for those with multiple comorbidities covid poses little risk of hospitalization and death.
- Less than 5% of Covid classified deaths have covid as the sole cause of death.
- Young people are at essentially zero risk of dying due to covid.
- All Covid 'case' numbers are exaggerated because of 'cases' defined as "PCR positive"
- Many instances of covid 'waves' are due to increased testing not increased covid illness.
- Most asymptomatic people who test positive do not have (and do not get) any real illness.
- Increasing evidence the vaccines are not effective and do not reduce all-cause mortality
- Most studies claiming to show vaccine effectiveness are statistical illusions
- The most highly vaccinated countries have experienced the highest increases in Covid infection rates.
- The least vaccinated countries in the world have the lowest rate of Covid deaths
- The Pfizer randomized controlled trial with its '95% effective' claim was fundamentally flawed.
- Multiple recent studies internationally show negative efficacy of the vaccines after 6 months, and disproportionately high infection rates in the boosted.
- When any data are corrected for misclassification we see no evidence the vaccines reduce all-cause mortality
- There is evidence of excess all-cause mortality in highly vaccinated countries
- Multiple safety signals concerning the vaccines

For more information

NormanFenton.com
twitter.com/profnfenton
probabilityandlaw.blogspot.com/